## 116000118586

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #1
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED

17 JUL 14 PH 12: 07

18 JUL 14 PH 12: 07

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## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JUPITER TURE CLUB LLC. (Name of Limited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:				
DAVID Shalllee				
(Name of Person)  JUNET CLUB  (Firm/Company)				
911 D. LOXAHATCHEE DR				
Suprescript 33458 (City/State and Zip Code)				
For further information concerning this matter, please call:				
DAUN Shr 205 at 303 588-6688				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee and Certificate of Dissolution  State of Dissolution & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: STREET/COURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	CC.			
2.	The Articles of Organization were filed on JUNE	E D JOL and assigned			
	document number <u>L16000118586</u>	<del></del>			
3.		ore than 90 days later than date document is received for filing) e applicable statutory filing requirements, this date will not be			
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605,0707, Florida Statutes, (copy 605,0707 on back cover letter).  Security of Member 70 besides the LC.				
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	<del></del>	SION OF CO			
5.	If there are no members, enter the name and address activities and affairs:	s of the person appointed to wind up the company's	C		
	911 D. WAY	HATCHEE DR, JUSTER FL 33	52		
6. lis	Signature of an authorized person or if there are no meted above to wind up the company's activities and affi	members, the signature of the person appointed and ffairs:			
1	Signature	DAVID SHOK EE- Printed Name			
	√51Riiarnic	rimed Name			

FILING FEE: \$25.00